

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/18/97</u>	2 Serial/Patent # <u>08/738 944</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>865.00</u>
<input type="checkbox"/> Amendment			\$ <u>1,724.00</u>
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>1,724.00</u> <u>\$ 865.00</u>
8 TO BE REFUNDED BY:			
10 REASON:	Treasury Check		
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment	, <u>16--11570</u>		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Dorothy Dixon</u>		TITLE: _____	
SIGNATURE: <u>Dorothy Dixon</u>		PHONE: <u>308-6981</u>	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Michelle Middleton</u>		DATE: <u>3-19-97</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B